



Health and



Information Manual



The Brussels
Tri-Mission
Health Unit

Bldv du Régent 28
1000 Brussels
Tel. 02/508.22.25
Fax 02/513.42.16

2008 / 2009

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GENERAL INFORMATION

The Health Unit Staff:

E-mail Address

Office Phone

Susan Houck, FSHP	houcksj@state.gov	02/508 2226
Chris Coucke, RN	couckecr@state.gov	02/508 2234
Elisabeth Bayley, RN	bayleyer@state.gov	02/508 2221
Fabienne Van Bamis, Admin. Assistant....	vanbamisff@state.gov	02/508 2225

London Regional Medical Officers:

Dr. Nicholas Riesland, Regional Medical Officer.. rieslandnj@state.gov44 207 894 0501
 Dr. Fred Summers, Regional Psychiatrist..... summersfj@state.gov..... .44 207 894 0501
(Dr. Samuel B. Thielman, Regional Psychiatrist as of 08/2008)

Location:

The Health Unit is located in the apartment building next to the Embassy at :
 Blvd du Regent 28 on the 3rd Floor, above CLO.

Important Telephone Numbers:

ON-CALL HEALTH UNIT PROVIDER	Operator: 02 508-2111
911 EMERGENCIES	112 throughout Europe
American Embassy Medical Unit	(32) (0)2 508-2225
Confidential Medical Fax	(32) (0)2 513-4216
National and International Inquiries with English Speaking Operators	1405

Hours of Operation by Appointment Only:

Mon, Tue, Wed, Fri 8:30 -12:00 and 13:00 – 17:00
 Thursday open from 8:30 to Noon - (*Closed Thursday afternoons for Administrative Duties*)
 Laboratory by appointment: Thursdays 8:30 -9:30

Emergencies and After-Hours Medical Referral Assistance:

The On-Call Health Unit Provider for after-hours medical referral assistance can be reached by calling the Embassy Operator at 02 508 2111. If you are unable to reach the on-call medical provider go to the nearest Emergency Room. In the event of a serious or life threatening emergency go directly to the hospital by taxi, personal vehicle, or ambulance (112) and notify the on-call medical provider.

Poison Control:

Poison Information Center (Local)	070 245-245
National Poison Control Center (US)	1-800- 222-1222
	001 32 202 625 3333

Health Unit Services for Minors:

For medico-legal reasons, minor children will be examined and immunizations given only when accompanied by a parent or guardian except in an emergency situation.

DELIVERY OF OCCUPATIONAL HEALTH SERVICES FOR THE TRI-MISSION

THE HEALTH UNIT MISSION STATEMENT; “To safeguard the health and well-being of America’s global diplomatic community and to promote the health of all under its care by encouraging prevention of illness and facilitating access to health care.”

The Department of State Medical Program (MED) is committed to this process and has determined that where post local medical care is comparable to the health care in the United States, Occupational Health Units will be established. In this context, occupational health care is not only defined as care received as a result of injury or illness while engaging in a particular occupation, but also encompasses health care received that is related to employment overseas at specific posts.

Occupational Health as provided by the Brussels Health Unit and administered by the Joint Administrative Services (JAS) operates a full time health unit staffed by a Foreign Service Health Practitioner (FSHP), two nurses and an administrative assistant. The Health Unit assists all eligible Tri-Mission employees and family members address acute and chronic medical conditions and preventive health concerns; it facilitates the access to quality Belgian medical care. In addition to individual consultations, the Health Unit provides medical referrals, medical clearance examinations, immunizations, health education and health maintenance activities.

The FSHP can provide consultation services which may include a complete history, review of systems and a system related medical evaluation. The FSHP will then be able to determine the appropriate referral to a local medical provider at the required level of care in an appropriate time frame. Laboratory work and special studies to further evaluate a patient and obtain a working diagnosis will be ordered by the local medical provider. The local medical provider will manage the case and provide the patient with follow-up services. The patient is encouraged to obtain a copy of the local medical provider’s medical consult note and report the findings of the work-up to the Health Unit. The FSHP will be available to all referred patients for a consultation regarding the outcome of their care in the Brussels health care system.

Medical referral to local providers can be obtained from the licensed nurses in the Health Unit who work within their scope of practice. Referrals to appropriate care providers after presentation of a chief complaint by a patient can be made without a medical evaluation when based on a verbal report of symptoms over the telephone or in the office. The nurses are available to monitor Obstetrical care of patients when hospitalized for delivery.

The Health Unit Administrative Assistant is able to refer patients for preventive services such as routine visits to a General Practitioner, Dentist, Optometrist and Ophthalmologist for preventive health care. The list of referral physicians utilized by the Health Unit can be found on the Health Unit’s Website for easy access by the Tri-Mission.

HEALTH UNIT SERVICES DELINIATION

All State Department and ICASS participating agency employees and eligible family members assigned to Brussels holding a valid medical clearance are eligible to access all of the following Health Unit services. Locally Employed Staff (LE) of any nationality is eligible for occupational, educational and annual Influenza vaccine services.

CONSULTATIVE, REFERRAL AND PREVENTIVE SERVICES

- A. Medical referrals can be made to appropriate English speaking general practitioners, pediatricians, and specialists for care of acute and chronic medical conditions
- B. Referral oversight and follow-up in consultation of medical issues
- C. Obstetrical referrals and oversight for delivery in the Belgian health care system
- D. Consultation and referral services can be provided for psychosocial and psychological issues
- E. General health maintenance including school and sports physicals
- F. Well-baby examinations, immunizations, and anticipatory guidance in accordance with US standards in conjunction with a local pediatrician
- G. Request for laboratory work for adults from a private US or Belgian physician, the RMO, RMO/P or those tests associated with a medical clearance examination can be drawn in the Health Unit and the results forwarded to the private medical provider
- H. Prescriptions written within the last year by a US or Belgian physician can be ordered by the FSHP from a mail order company associated with a Federal Employee Health Insurance Benefit plan when a copy of the prescription and the completed “*Patient Medical Information Sheet for Prescription Renewal*” are presented to the Health Unit.
- I. Adult and child immunizations and annual Influenza vaccines
- J. Travel advice, review of immunization status, travel immunizations and malaria prophylaxis
- K. Medical Clearance examinations for up to one year prior to and within 3 months of departure and at the time of a Class 2 bid request can be scheduled
- L. Evaluation and first aid for on-the-job injury and illness is provided

EDUCATIONAL SERVICES

- A. CPR and AED training
- B. Infant and child CPR for parents and nannies
- C. First Aid training
- D. CERT (Community Emergency Response Team) training
- E. Health information and medical alerts maintained on the Health Unit Website
- F. Periodic Brussels Broadcast announcements of medical importance
- G. Brussels weekly Health Unit black box titles of medical interest and referral to the Website for further details
- H. Avian Influenza and Chemical/ Bio coordination with MED and other government agencies for community notification and education
- I. Participation in Town Hall and other community meetings to discuss topics of medical interest or emergency.
- J. Group meetings to discuss topics of medical interest
- K. Ergonomic evaluation of individual work space

MED SPONSORED SERVICES

- A. RMO/P and RMO consultations at post for management of psychological, learning disability, and medical issues
- B. Referral for educational testing
- C. Assistance with Special Needs Allowance application
- D. Billing in relation to hospitalizations, medical evacuations, and medical clearance examinations

Medical Care in Brussels:

Brussels has excellent, affordable medical care available on the local economy. There are several large University hospitals with 24-hour Emergency Rooms. There is a 24-hour “House Call” service, which provides medical visits and is available by telephoning Service de Garde (02 479 1818). Maternity services rival anywhere in the world. Nursing care, pediatric and adult intensive care is excellent. There is a 24-hour Emergency Dental Service (02 426 1026) and 24-hour Emergency Veterinary Service (02 479 9990).

Doctors do not supply gowns to patients for exams. If you wish to have a gown, please stop by the Health Unit prior to your appointment. In addition, cash for services rendered is required for many outpatient services.

LOCAL HEALTH CARE SPECIALISTS

The Health Unit has compiled a list of local health care providers available on the Health Unit Website. Practitioners are included after a review of presented credentials by the RMO and/or FSHP. Many have received some training in England or the U.S. and have familiarity with U.S. standards of medical care.

This list is not meant to be exhaustive or definitive, nor does it represent a guarantee of competency or an endorsement by the Department of State. It does indicate that the American community has utilized these physicians in the past. Retention on this list depends upon a combination of factors including availability, training, and positive outcomes in previous experiences. Patient input, both positive and negative regarding any experience with local health care providers, is always welcome in the Medical Unit and will assist us in keeping the list current.

Service de Garde

“House Call” service 02 479-1818

General Practitioners

Dr. Vanessa Dablemontcell : 0496/520-163
Rue Americaine 170
1050 Ixelles

Dr. Thierry Deome 02 733-5964
Ave. H. Dietrich 1
1200 Woluwé-St Lambert

Dr. Blackman 02 385-1878
1410 Waterloo

Walk-in GP Consultations from 9 am-11 pm 02 764-9837
St Luc Hospital
Avenue Hippocrate 10 – *White trailer in front of the ER entrance at St. Luc*
1200 Woluwé St. Lambert

Pediatricians

- Dr. Annick Grymonprez 02 762-8480
Medicare Center
Avenue Général de Longueville 41
1150 Woluwé-Saint-Pierre
- Dr. Clément Israel 02 660-4889
Avenue de la Ferme Rose 14
1180 Uccle
- Dr. Baya Belhadi 02 354-2657
Avenue du Prince d'Orange 8
1410 Waterloo

OB/GYN

- Dr. Sonia Lejeune (*No pregnancies*) 02 375-5141
Ave. de Messidor 120
1180 Uccle
- Dr. Marie-Dominique Deleuse (*Pregnancies*) 02 343-8066
Avenue Winston Churchill 178
1180 Uccle

NATO Health Clinic

- USAHC NATO 02 717-9500
JF Kennedylaan 12
1930 Sterrebeek

Mental Health

Community Help Service

- 24-hour English Info and Crisis Line 02 648-4014
Appointments 02 647-6780

- Alcoholic Anonymous** (8 a.m. to 8 p.m.) 02 537-8224

Dental Care

- Evenings, weekends, holidays 02 426-1026
- * Dr. Fournier 02 344-4220
Ave de la Ferme Rose 1
1180 Brussels
- *Scandinavian Dental Group 02 230-2933
Ave des Arts 24 (6th floor)
1000 Brussels

** These dentists are certified to meet OSHA Standards*

Pharmacies*

Pharmacie Versé 02 512-0282
Avenue Marnix 16
1000 Brussels (*Located near Porte de Namur*)

*Evenings, weekends, and holidays - open pharmacies are listed in the pharmacy windows,
and also in local and national newspapers

Hospitals

Cliniques Universitaires St. Luc 02 764-1602
Avenue Hippocrate 10
1200 Woluwé St. Lambert

Clinique du Parc Léopold 02 287-5070
Rue Froissart 38
1040 Etterbeek

Clinique Edith Cavell..... 02 340-4040
Rue Edith Cavell 32
1180 Uccle

Clinique St. Jean 02 221-9112
Rue du Marais 104
1000 Brussels

Hôpital de Braine-l'Alleud-Waterloo 02 389-0211
Rue Wayez 35
1420 Braine-l'Alleud

Veterinary

Evenings, weekends, holidays 02 479-9990

Clinique Vétérinaire 02 640-2123
Avenue d'Auderghem 240
1040 Etterbeek

Info. Animaux - Ambulance 02 647-2219

Hospitalization Assistance

The Belgian hospital system is similar to that of the U.S. Large university-affiliated (teaching) hospitals are found as well as private hospitals and clinics. The patient chooses his physician in a private hospital/clinic, whereas the university hospitals are public and thus the private doctor does not remain the primary health care provider.

In the event of an emergent hospitalization please contact the Embassy On-Call Duty Nurse as soon as possible by calling the Embassy Operator at 02 508 2111. The Duty Nurse will contact the admitting hospital and make arrangements to FAX a letter of guarantee of payment on the next business day. All medical bills from the hospitalization will be sent to the Embassy for payment.

For a planned overnight hospital stay, an authorization for medical services (DS 3067) must be obtained from the Health Unit. Information on this form includes the name of hospital, the nature of disability, the medical insurance provider and the patient signature. Once this form is completed and returned, the Health Unit will fax a letter of guarantee of payment to the hospital. Without this letter of guarantee the patient would be required to pay a deposit of as much as 3000 Euros. All medical bills from the hospitalization will sent directly to the Embassy. The State Department will submit all the expenses incurred from your authorized illness to your insurance carrier and receive partial reimbursement. The remainder of the expenses not covered by the insurance carrier is paid in full by the State Department if hospitalized greater than 24 hours. All out-patient fees can also be charged to this same authorization for up to one calendar year. The Health Unit is responsible for all authorization and billing associated with hospitalizations. Please be aware that the Health Unit is unable to actually pay your hospitalization until the typed discharge summary is received by the Health Unit from your physician. Please make sure that your physician is aware of this.

In Belgium the government controls the prices of physicians and hospitals. If a person requests a private room, the additional cost is not only for the room but the physicians are also allowed to charge up to 300% more than their regulated fees. This can add 2,000 to 3,000 Euros to your bill. Since Medical Claims and your medical insurance will only pay for a semi-private room (double room) the additional hospital and physician charges will be a personal non-reimbursable expense as will be the telephone bill. The hospital will ask you to sign a declaration stating that you are being hospitalized and what type of room you wish to select. **REMEMBER THAT PRIVATE ROOMS ARE NOT AUTHORIZED BY MED FOR PAYMENT!**

For registration, you will need to bring your Belgian identification card and your letter of guarantee of payment; otherwise you will be required to make a deposit. Women are admitted under their maiden names. When children are hospitalized most hospitals will allow a parent to stay overnight for an addition charge.

It is best to ask the hospital in advance what items you need to bring, as each is slightly different. Normally you will need to bring sleepwear, robe, slippers, Kleenex, soap, bottled water, towels and washcloths, and other private toilet articles. If you take special medication make sure to bring it with you.

For authorized hospital stays, scheduled or emergent, no bills will be presented to you. If you receive any bills, make sure they are forwarded to the Health Unit for payment. Also make sure to keep evidence of any payment of deposit or other expenses paid during your stay and all associated bills that you incur over the following year for the same condition for reimbursement by Medical Claims.

For non-authorized hospital stays, bills will be sent directly to your home address, often as late as ten weeks. If you have private U.S. medical insurance, you may need to obtain a translation in order to submit the bill to the U. S. carrier. In fact, you may need to pay the bill first and request reimbursement at a later date. The Belgian hospitals normally expect payment 30 days after the date of the bill. The Belgian collection process for unpaid bills is similar to the US. You will be assigned a court date if the second notification of a past due bill is not paid and administrative fees will be added to the bill. The Health Unit will not be able to assist you in resolving issues resulting from a bad debt action due to an unpaid medical bill.

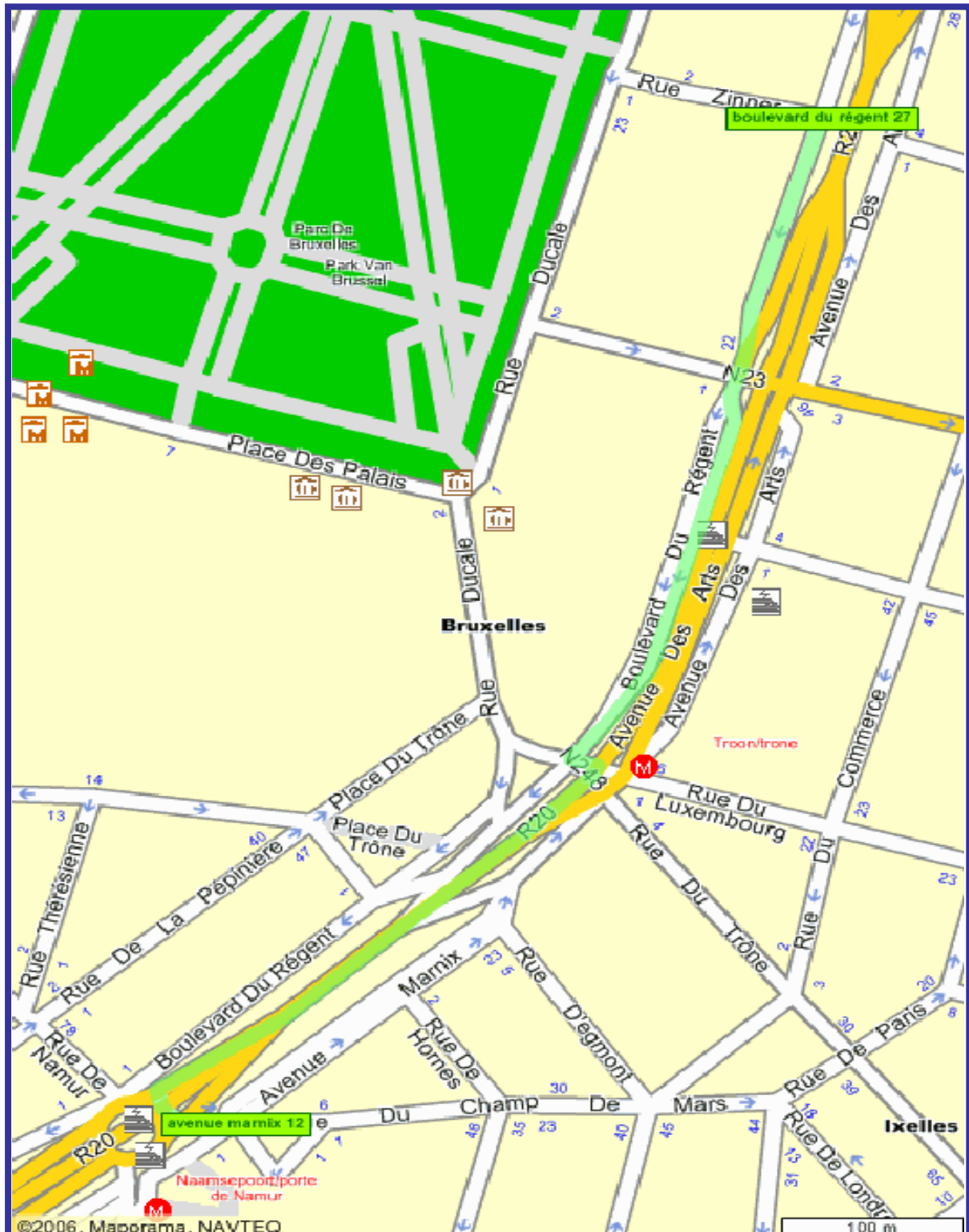
MAPS

A. PHARMACIE VERSE

02 512-0282

Avenue Marnix 16
1000 Brussels (*Located near Metro “Porte de Namur”*)

This pharmacy honors prescriptions written by the RMO, RMOP, and FSHP



B. SAINT-LUC HOSPITAL

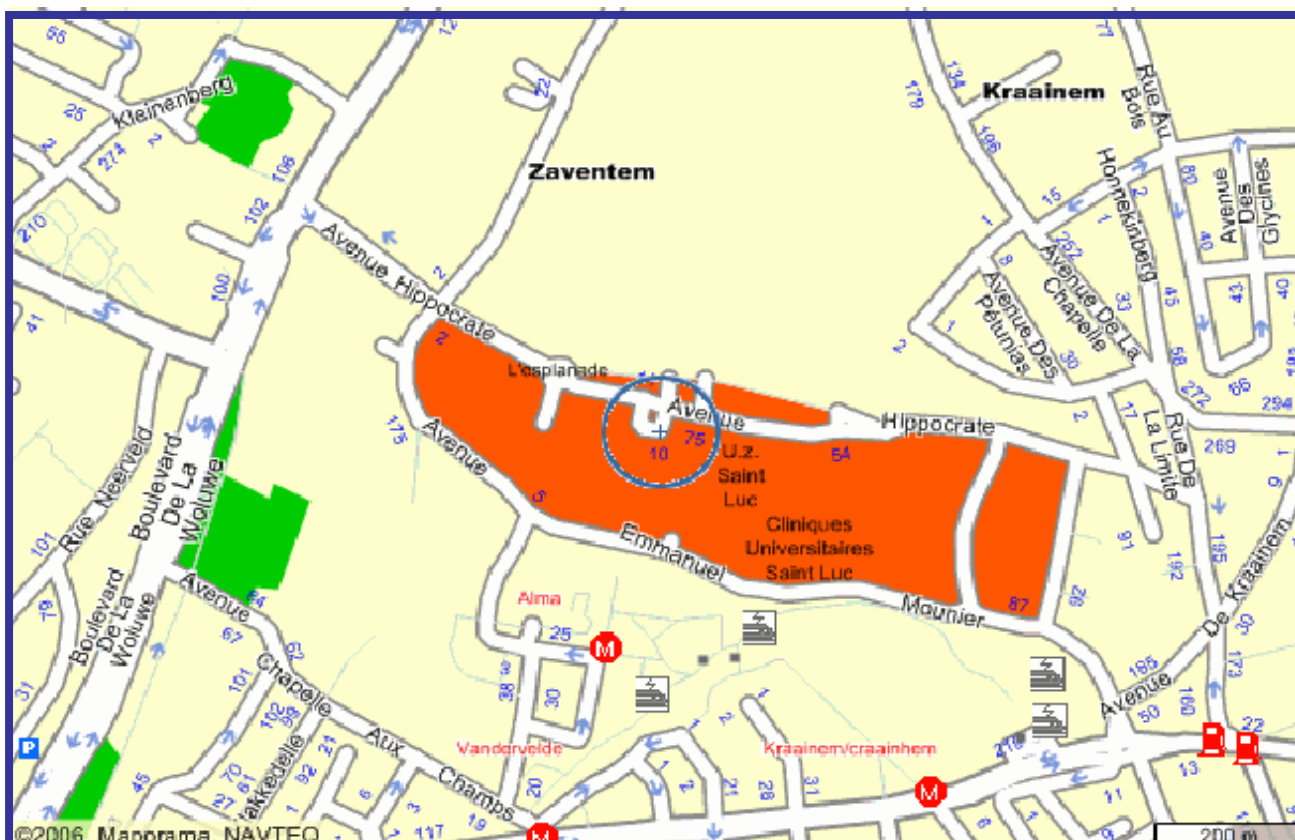
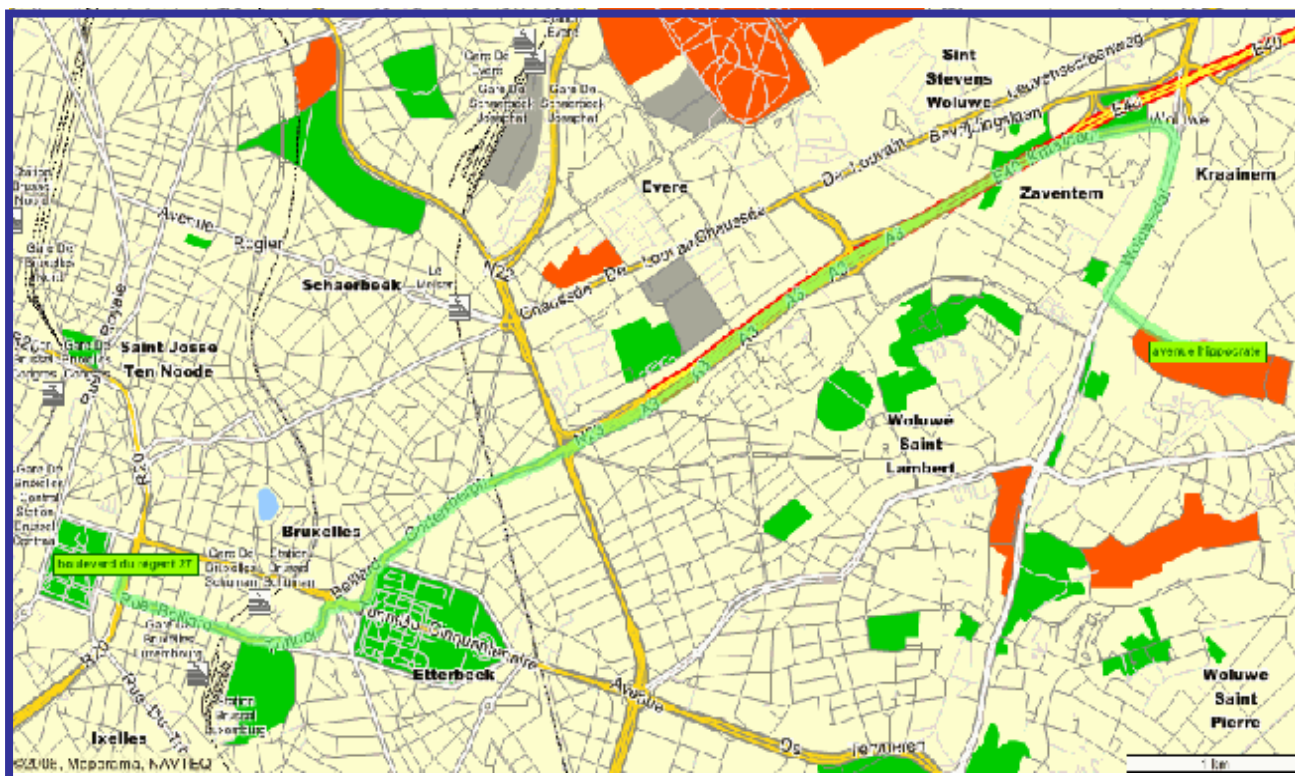
02 764 160

Avenue Hippocrate 10
1200 Woluwé St. Lambert

Large University Teaching Hospital
Full Service Large Emergency Room

Metro :
Ligne 1B – Station ALMA

Bus (STIB):
Ligne 42 – arrêt UCL- Saint-Luc
Ligne 79 - arrêt Cliniques-UCL



Avenue J. J. Crocq 15
1120 Brussels

*Pediatric Hospital with Full Service Emergency
Room for children and infants*

Metro Stop “Brugmann”



D. CLINIQUE DU PARC LEOPOLD

02 287-5070

Rue Froissart 38
1040 Etterbeek

Small Urgent Care Center open 24 hours and Private Acute Care Clinics with a good Orthopedic Department

Metro Stop “Shuman”

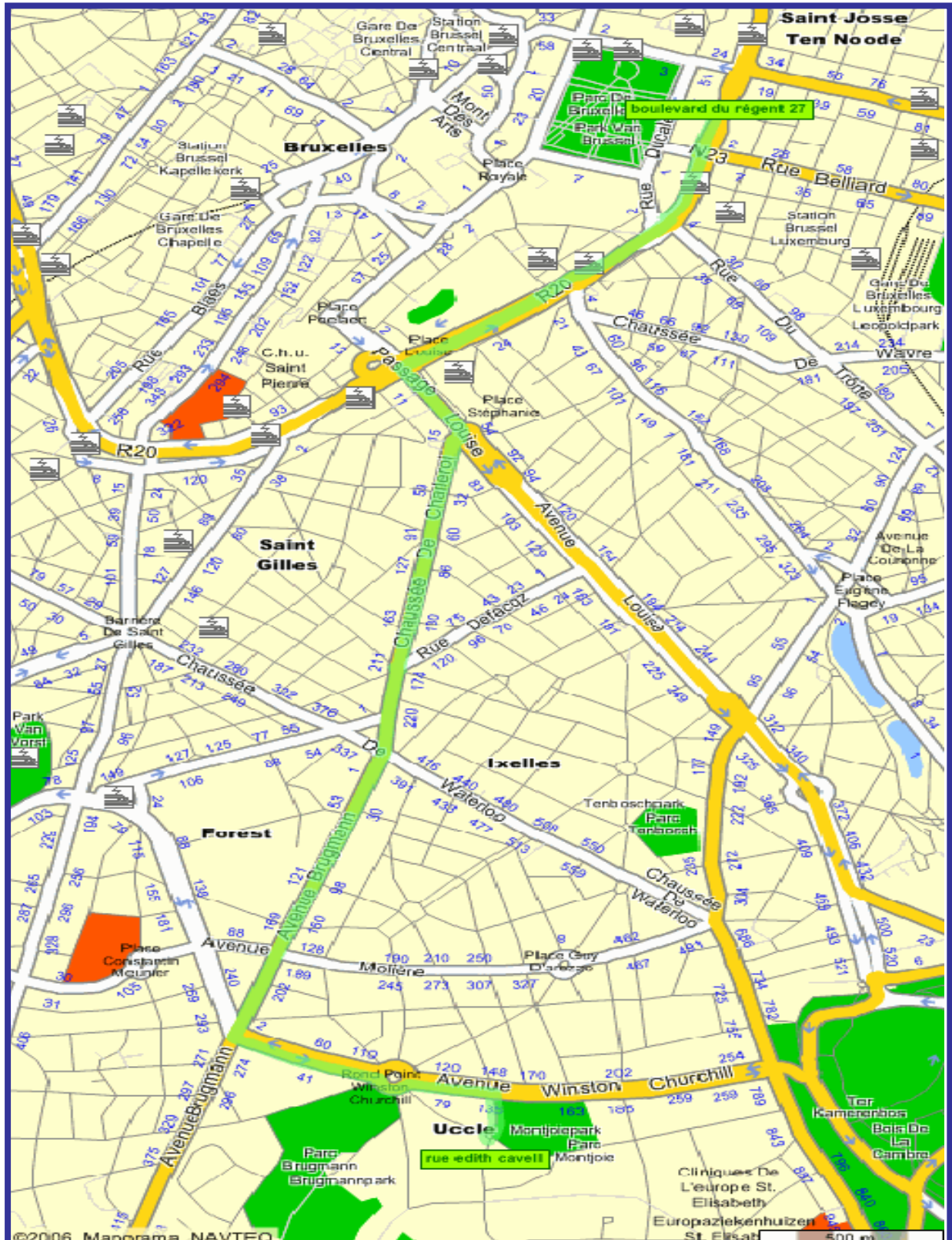


E. CLINIQUE EDITH CAVELL

02 340-4040

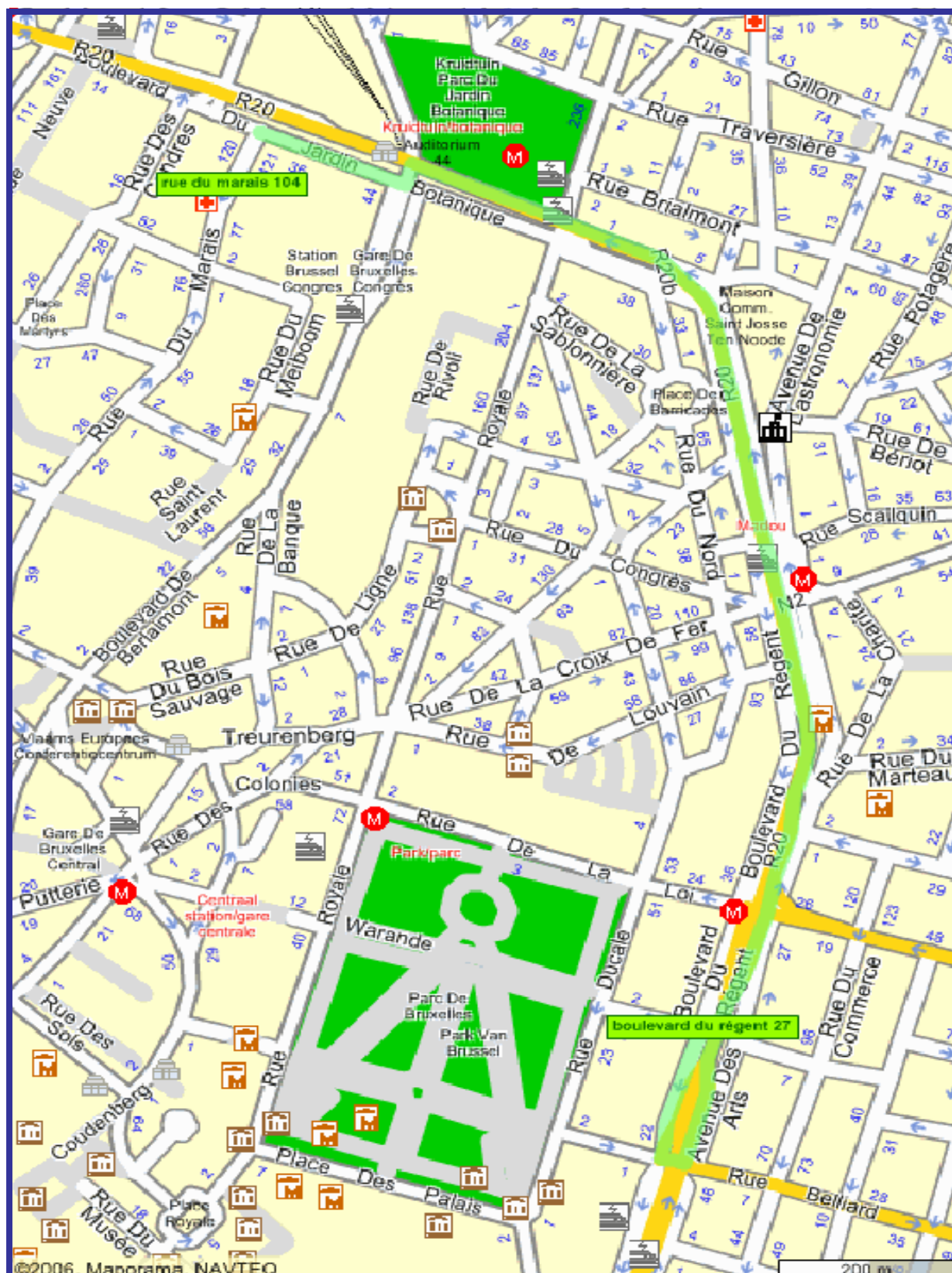
Rue Edith Cavell 32
1180 Uccle

*Full Service Emergency Room
Recommended for Pregnant and GYN patients*



02 221-9112

Cardiac Center
Emergency Room recommended for Chest Pain



G. DEUX ALICES HOSPITAL

02 373-4511

Groeselenberg 57
1180 Uccle

NO EMERGENCY ROOM

Walk to “Trone” – Bus 38 Stop “Houzeau”



H. L.B.S. LABORATORY

02 349-6711

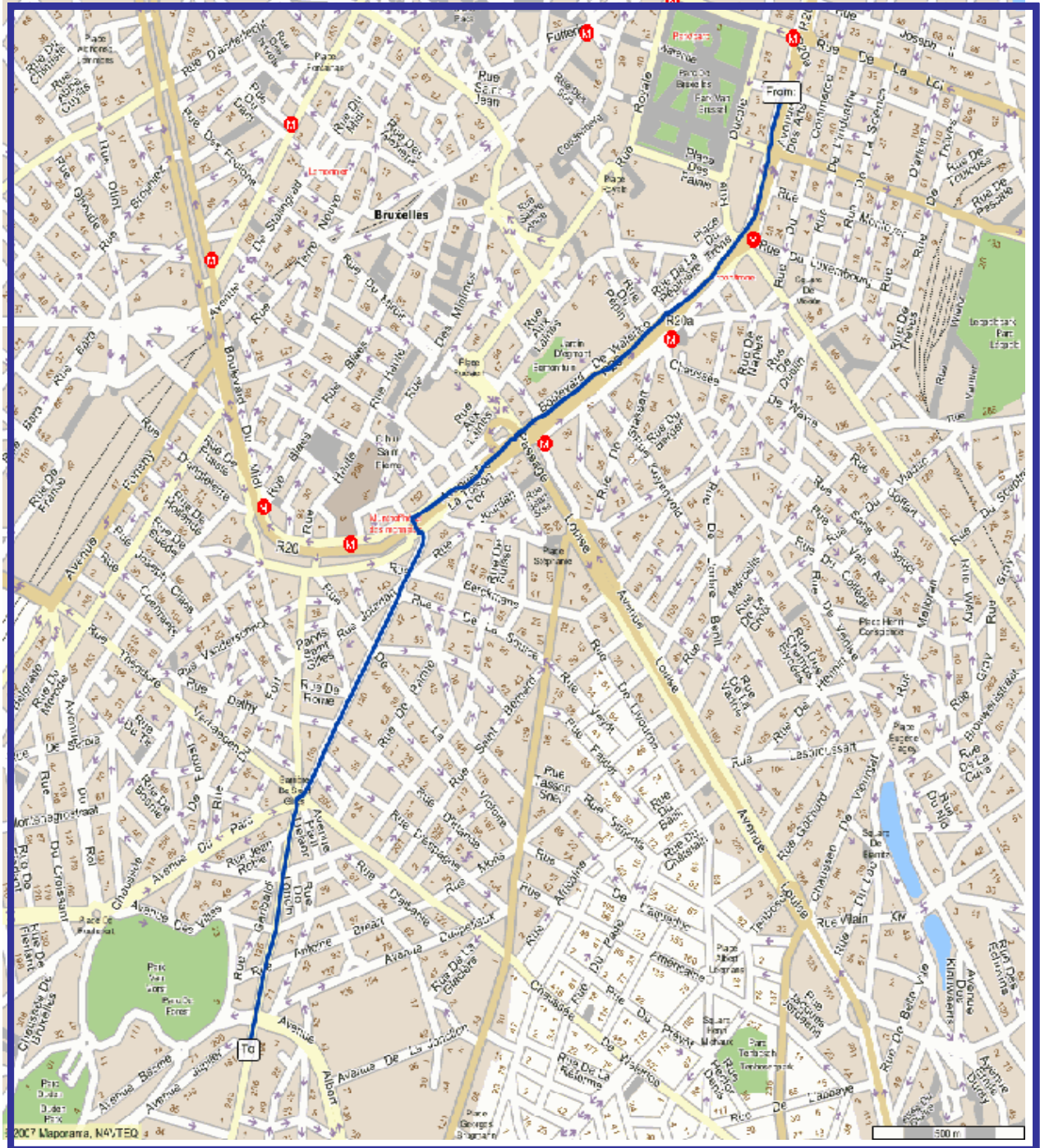
Chaussée d'Alseberg 196
1190 Forest

Opening Hours (without appointments):

Mo – Fri 7:30 – 18:45

Saturdays 9:00 – 12:00

Metro Stop “Albert” - Tram #55



I. CLINIQUE STE. ELISABETH

02 373-1611

Ave. de Fré 206
1180 Uccle

Full Service Hospital with Emergency Room

Walk to “Trone” – Bus 38 Stop “Rene Gobert”



J. CHS (Community Help Service)

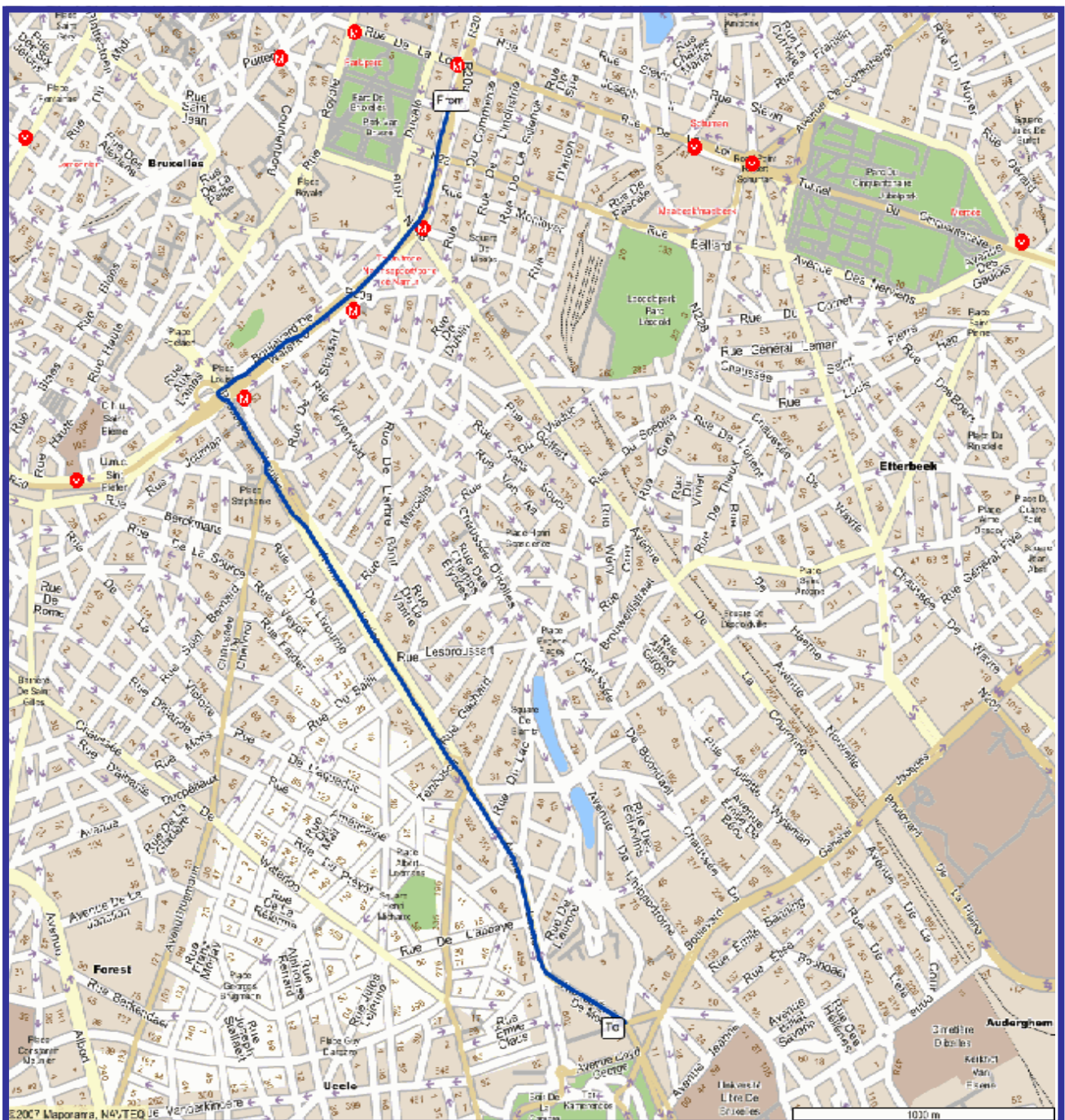
02/647-6780

Blvd de la Cambre 33-39
1000 Brussels

Mental Health Services; patient must make the appointment

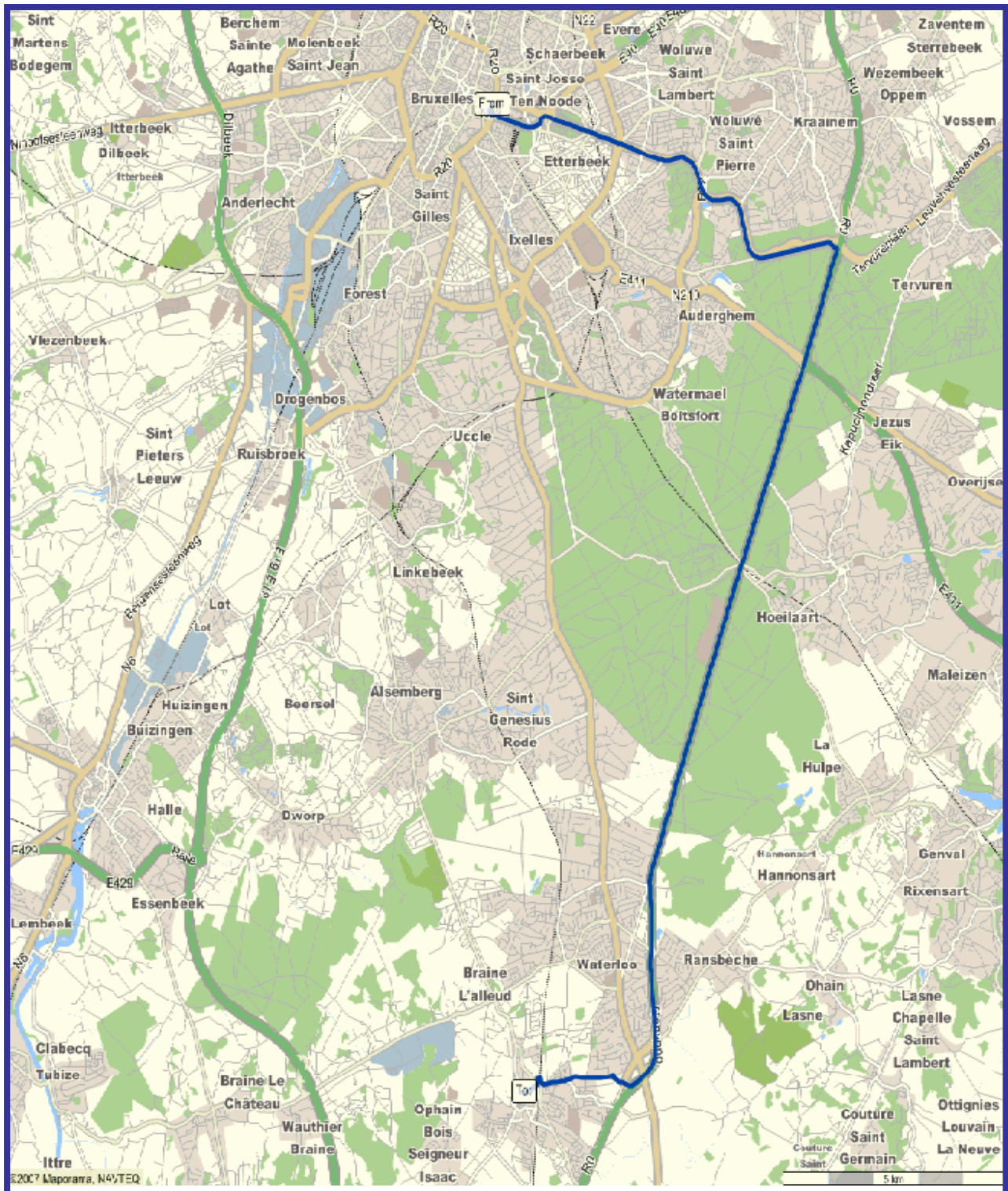
Trams 23, 24 and 94 pass in front of CHS. Alight at “Legrand” and walk back.

Bus 38 stops at Bascule, not far away



02/389-0211

Rue Wayez, 35
1420 Braine-l'Alleud



ANTWERP

Local Emergency Contacts

- **Hospitals**

UZA Hospital03/ 821-3000
Emergency Room03/ 828-1515
Wilrijkstraat 10
2650 Edegem

Sint-Augustinus Hospital03/ 443-3011
Oosterveldlaan 24
2610 Wilrijk

St-Vincentius Hospital03/ 285-2000
Vincentiusstraat, 20
2018 Antwerp

AZ Klina Hospital03/ 650-5050
Augustinstraat 100
2930 Brasschaat

Burn Unit03/ 217-7111
Lange Beeldekenstraat 267
2060 Stuivenberg

- **Dental Care**

Mrs. B. De Winter03/ 542-0038
Markt 15
2180 Ekeren

Frank Caris03/ 226-8384
Italielei 131
Antwerpen

- **Pharmacies**

Evenings, weekends, and holidays - open pharmacies are listed in the pharmacy windows, and also in local and national newspapers.

- **Service de Garde**

Emergency Doctor Service.....03/ 286-1186

- **Alcoholic Anonymous**03/ 542-2135

- **General Practitioners**

Dr. W. Geeraerts.....03/ 541-2121
Veltwijcklaan 202
2180 Ekeren

Dr. R. Van Cleempoel03/ 225-0015
Italei, 51
2060 Antwerpen

- **Pediatrician**

Dr. Paul Van Vaerenbergh.....03/ 541-1727
Veltwijcklaan, 210
2180 Ekeren

- **Psychiatrist**

Dr. Katherine Marcq.....03/239-6103
Generaal Van Merlenstraat 46
2600 Berchem

DEPARTMENT OF STATE MEDICAL PROGRAM

Explanation of Benefits

The Department of State's medical program provides preventive health care and assists in obtaining medical care at the post of assignment. Health care providers in health units or administrative officers, if there is no medical staff at post, will oversee health care issues, assist in the selection of a physician or medical facility, and help interpret the regulations (3 FAM 680 series) on which the medical program is based. Employees and their dependents are encouraged to establish contact with a health professional early in their tour and have a plan of action for emergencies and locating the nearest and best medical facility.

Health Unit Eligibility

The Department's medical program was established to provide access to health care for USG direct-hire employees of participating agencies and their eligible dependents assigned overseas. Health care personnel cannot provide services to unofficial patients unless written authorization has been received from the Chief of Mission. For those granted emergency access, authorization must be provided each time the patient is seen. The USG requires reimbursement for providing health unit services to patients not covered by the Department of State's medical program.

The employee is responsible for the costs of outpatient doctor and specialty visits, whether it is in conjunction with a medical evacuation or not. The employee is also responsible for the costs of all laboratory tests, x-rays, etc that arise from outpatient visits. Employees should submit medical claims to their insurance carrier to receive the allowable reimbursement once the deductible is met.

Overseas employees and eligible dependents requiring hospitalization are issued an Authorization for Medical Services (DS-3067) form. The DS-3067 allows MED to pay up front usual and customary expenses for hospitalized and related outpatient care for illnesses, injuries, or conditions incurred overseas. FMC Brussels will file medical claims with the medical insurance company of employees and eligible dependents.

Medical Evacuation

Employees and eligible dependents with valid medical clearances, who require medical care while posted abroad in a locality without adequate medical facilities, can be recommended for medical travel (MEDEVAC) and per diem by their Regional Medical Officer or MED to the nearest facility with suitable medical care.

A MEDEVAC is only authorized if such evaluation or treatment cannot be postponed until home leave or R&R and such a delay can reasonably be expected to result in a worsening of the medical conditions. Those who elect to travel to an alternate destination to receive medical care may do so on a cost constructive basis where the individual pays the difference in transportation fees and per diem expenses.

Under certain circumstances, medical per diem can also be authorized for those traveling on R&R or other post-authorized official travel. Medical per diem **cannot** be authorized if traveling under Department funded travel orders, i.e. home leave and/or transfer or separation orders, or on personal travel.

Foreign Programs (MED/FP) is the point of contact/liaison between the attending physician, patient, MED and post. Upon arrival in the U.S., the patient must contact Foreign Programs at 202-647-8122 with regard to the medical situation. Foreign Programs will make decisions concerning reinstatement of the medical clearance. This clearance **MUST** be received before returning to post. Failure to do so may result in loss of benefits.

Pre-certification is required by all health insurance plans in the Federal Employees Health Benefits Program (FEHBP) when hospitalized in the U.S. as well as for certain procedures performed on an outpatient basis. Employees are urged to be familiar with their health benefits. If hospitalized on an emergency basis, your insurance company must be notified within 48 hours. This is accomplished by a telephone call to the individual's own insurance plan, either by the individual, his/her physician, or the admitting hospital. Notification is not required for hospitalizations occurring overseas. Please note that this pre-certification is done with the insurance company, **NOT** with MED.

Check list for Medevac Travel:

- ☐ Medical evacuation travel orders
- ☐ Authorization for hospitalization, DS-3067 (post will issue if hospitalized overseas; MED will issue if medevaced to the U.S.)
- ☐ Valid passport and re-entry visa
- ☐ All pertinent medical records and x-ray films
- ☐ Valid immunization record for return
- ☐ Medical insurance information (company, policy & group numbers)
- ☐ Medical record release for the attending physician
- ☐ Airline tickets
- ☐ Sufficient funds and credit cards
- ☐ Supervisor informed of travel plans and dates

Dental Travel

Dental emergencies occurring overseas in areas with inadequate dental facilities may require medical travel for urgent dental care. But there are limitations to this travel listed in the 3 FAM 680 regulations and employees must first seek approval from the post medical authority. Because of limited dental benefits, it is prudent to obtain prophylactic dental examinations and treatment during your home leave and/or R&R.

Obstetrical Travel

MEDEVAC to the United States (cost construct to point of entry into CONUS) is both highly recommended and authorized for pregnancy. Up to ninety (90) days of per diem can be authorized for this benefit. This usually allows for 6 weeks of per diem before and for 6 weeks of per diem after the expected due date. Those who elect not to deliver in the U.S. should contact the Health Unit or MED since some restrictions may apply to the amount authorized for medical travel and per diem. (see 3 FAM 686.1-2c)

Payment for Medical Care

Insurance and amounts received in settlement of the claims are to be forwarded to their agency collection office. MED serves only as the secondary payer and liability is limited to the residual after the employee's own health insurance has paid. For this reason employees are required to participate in the Federal Employees Health Benefit Program (FEHBP).

Emergency Visitation Travel

Emergency Visitation Travel (EVT) can be authorized when a parent, child, or sibling has died; or when a parent or child is in a life-threatening, critical condition. EVT may be authorized for a member of the Foreign Service when "stationed" abroad or for an eligible dependent "located abroad." A Foreign Service member or eligible dependent is limited to one round trip for each serious illness or injury of each immediate family member. Separate travel for death/internment, however, can be authorized.

Although the Health Unit may be able to answer general medical questions, it is the responsibility of the post's Human Resources Office to contact Foreign Program (MED/FP) for authorization when a parent or child has a life threatening medical condition. In the event of the death of a parent, sibling, or child, authorization for EVT is authorized by post. Consult 3 FAM 699.5 for limitations on EVT.

Family in the States needs to alert the attending physician/nurse/clinic/hospital that a physician or nurse practitioner from the State Department Medical Division may be contacting them and that permission is granted to discuss the patient's condition. To expedite matters, the family can ask the attending medical provider to contact the State Department medical staff at **202-647-8122 EST M-F 8am - 5pm or 202-647-1512** after hours with medical information. Should the family member wish to travel before receiving authorization for EVT, a repayment agreement may be signed.

Family Advocacy Program

The Family Advocacy Program provides a program for addressing issues in the family relating to child abuse or neglect as well as abuse of the spouse and other dependent family members. It is meant to facilitate the identification, treatment, and disposition of those children who are victimized and to allow for the legal investigation of the alleged perpetrator. The authority for this rests in the Crime Control Act of 1990 which specifically mandates that certain professionals in federally operated facilities, such as U.S. Embassies, Consulates, and overseas missions, report cases of actual or suspected child abuse or neglect to a designated law enforcement agency, specifically the Office of Diplomatic Security.

The designation of a Family Advocacy Officer (FAO), usually the DCM, allows for the necessary coordination of systematic procedures for investigation of such cases. The other members of the Family Advocacy Team (FAT) responding to such allegations are the Regional Medical Officer (RMO), Regional Psychiatrist (RMO/P), Foreign Service Nurse Practitioner (FSNP), and the Regional Security Officer (RSO).

Due to the complex nature of such cases, posts are strongly encouraged to consult freely with MED and DS in Washington D.C. in dealing with cases of suspected abuse/neglect.

Mental Health Services

The psychological well being of Foreign Service Officers and their families is an important aspect of the support and concern of the Office of Medical Services.

As part of the State Department's Medical Services Program, there are ten (10) Regional Medical Officer Psychiatrists (RMO/P) serving overseas regions. These medical doctors offer psychological services within their geographic areas to all employees and their family members for individual, couple (marital), and family counseling sessions. Consultations for dependent children in various school settings can be arranged to facilitate the evaluation of learning disabilities and educational behavioral problems. Their intervention and guidance in problems involving alcoholism and substance abuse should be sought in order to access appropriate treatment facilities available in the U.S.

While there may be various mental health counseling services and therapists in many areas overseas, a great deal of caution should be exercised in choosing such an alternative. It is best to contact the Health Unit at your post or the RMO/P directly for suggestions and recommendation to local practitioners.

In instances where an emotional crisis is evidenced by the inability of an individual to function psychologically, it may be determined by the medical personnel at post, in consultation with the RMO/P, that a medical evacuation is necessary to the United States (usually in the Washington, D.C. area). These circumstances and procedures follow the guidelines outlined in other medical evacuations and result in the annulment of medical clearances until the psychiatric consultations and further evaluations are completed to ascertain the desirability for return to the overseas assignment or environment.

Employee Consultation Services

The Employee Consultation Service is located in Mental Health Services within the Office of Medical Services. The staff is comprised of experienced professional social workers who offer the following: confidential employee assistance short-term counseling and referral assistance; consultation and support to families with children who have special educational needs which includes coordination of the post approval and medical clearance recommendation process; assistance with psychosocial and administrative support to families experiencing domestic violence; counseling support to diplomatic security; and administrative review and assistance with compassionate curtailments, breaks and extensions of service.

Foreign Service and Civil Service employees may contact the ECS staff to discuss concerns of an individual, couple/marital, family, or workplace nature. This opportunity allows the employee to discuss issues in a private and confidential manner. Oftentimes, when circumstances require more extensive intervention, a referral is made to a community resource utilizing the employee's health insurance plan.

The ECS staff works closely with parents who are assigned overseas and covered by MED to assure their children's special needs are identified, appropriately assessed and an effective educational plan is established. The staff has an extensive fund of psycho educational resource and assessment information that will assist parents with children who present with special educational needs to assure the child succeeds in school. Specifically, the ECS staff assists families with the arrangement of educational assessments to identify delays in development, which includes: speech problems, motor coordination difficulties, learning difficulties, attention deficit disorders, and emotional problems.

Comprehensive evaluations can include psychological, educational, speech/language, occupational therapy and psychiatric assessments.

Contact Information

ECS Main Number: 202/663-1815, FAX: 202/663-1456

[Dr. Stan Piotroski](#), Director 202/663-1816

[Mr. Ken Garot](#) 571/345-3769

[Ms. Anne Reese](#) 202/663-1817

[Ms. Mykell Winterowd](#) 202/647-4921

For specific information and guidance related to the Special Education Allowance, Post Approvals/Medical Clearances for Children/Adolescents, Allowances and Overseas Schools Office, please visit Employee Consultation Services on the Office of Medical Services website at <http://med.state.gov>

Handouts are available on this site for Special Needs Education, Adolescents and Post Approvals, and a parent guideline for evaluating children with learning disabilities or developmental delays

Alcohol and Drug Awareness Program (ADAP)

The Alcohol and Drug Awareness Program (ADAP) is a diagnostic and referral service of the Office of Medical Services. It is a medically confidential service. By federal law, Alcohol and Drug Treatment records are actually held in stricter confidentiality than regular medical or even mental health records. A general medical release is not sufficient for alcohol and drug treatment records. In addition, under such law counseling and/or treatment are in no way prejudicial to job security or promotional opportunities.

ADAP records are NOT included in the regular medical record or the personnel file. The only information from ADAP that gets included in the medical record is the consultation request from Clearances and the clearance recommendation. In the consult then, there may be a diagnosis given with brief supporting criteria and the treatment planned. ADAP keeps its own records which are under a triple lock system and only ADAP personnel have access to them.

Individuals serving overseas historically have had to deal with the possibility of addiction to alcohol and more recently to other drugs. People in the Foreign Service enjoy no magical immunity from addiction. The Foreign Service is a microcosm of the general population and therefore the statistics that prevail nationally apply.

Addictive use of alcohol or drugs is a progressive phenomenon and the individual usually is the last person to know, or admit, that a problem exists. Self-referral for assistance is therefore not the most frequent mode for intervention in the progression. Intervention is more likely to be activated by a spouse, loved one, or supervisor. Statistics both nationally and within the Foreign Service indicate the leverage possessed by a supervisor can have a meaningful impact on the individuals becoming willing to abandon denial and admit to the need for help.

Alcoholism is the most prevalent of the addictions in the Foreign Service. However, the easy availability of illicit drugs overseas has seen a burgeoning problem of drug abuse among dependent children. Quick identification of the problem by the post health professional enhances the likelihood of recovery through quick medical evacuation followed by treatment and appropriate post-treatment aftercare.

In all cases of medical evacuation for alcohol or drug dependency, whether the patient is an employee or dependent, the issue of clearance to return overseas will depend on treatment outcome, the commitment to recovery of the individual, and the availability at post of regularly scheduled English-speaking AA groups and other support services.

Effective intervention through the Health Unit at post, Med Clearances, and/or the Exam Clinic in Washington and professional treatment have resulted in hundreds of Foreign Service people returning to the professional mainstream in full command of all their powers.

Medical Clearance Requirements

The purpose of the medical clearance process is to attempt to identify health condition(s), which may require follow-up care and/or may be aggravated by environmental conditions at overseas location. This entails medical conditions, clearance classification determination, and approval of post assignment for persons with a limited medical clearance. For examinees who have a limited medical clearance, the Department must approve the proposed post of assignment prior to the examinee proceeding overseas. The post's medical capability and environmental conditions are reviewed to determine if the proposed post can provide adequate care for the examinee's medical condition(s).

A NEW CLEARANCE is obtained by completing either a full clearance exam (DS 1843-adults or DS 1622-children under 12) or medical clearance update (DS-3057). A medical clearance update is a focused health maintenance assessment.

There have been several changes in the Medical Clearance Process from M/Med:

If you are a direct hire, you must have a medical clearance

- To have health unit privileges
- Have medical evacuation paid for
- Have Med be the secondary payer for hospitalization
- Be able to have required clearance examinations, and immunizations.

Each new family member, whether acquired through birth, adoption, marriage, or legal guardianship, initially becomes eligible for benefits under this program upon becoming a family member. Continuation of these benefits beyond 90 days is subject to each new family member completing the prescribed medical examination and receiving a medical clearance within that period of time.

Proceeding overseas without a valid medical clearance for employee and eligible family members, or returning overseas without approval following medical evacuation, will result in forfeiture of medical benefits under the medical and health program.

A medical clearance is valid for two years or end of tour, whichever is longer, generally not to exceed 3 years. The "end" of tour is marked by home leave.

Employees and eligible family members (including children under 21 years old) must obtain a new medical clearance action at the end of a tour, if the current clearance action was issued more than 18 months prior to the end of tour. **This includes home leave/return to post and/or home leave/onward** assignment. (3 FAM 684.7-2B) Sec State 42270-3/97. An in-service clearance is also required prior to long-term training (i.e. Language training). A medical clearance is not required for posting in the United States. An end-of-tour exam with subsequent assignment to the U.S. is allowed and can be scheduled in the Office of Medical Services Exam Clinic in Washington after the summer peak season.

Employees and eligible family members with DEA, LEGATT, IRS, INS, Customs, Secret Service, FAA, Treasury, EPA or other non Foreign Affairs agencies (USAID, FCS, etc) who are returning as PCS (permanent change of station) to the U. S. are required to have a separation exam. This also applies to those retiring from Foreign Service and dependents who have reached 21 years of age. This exam is done at the Exam Clinic in Washington and documents all medical problems that occurred while serving overseas. This examination can be waived by signing a DS-1689.

You may begin the clearance process up to a year in advance, but not less than 90 days prior to departure. During peak summer season the Health Unit recommends you begin the clearance process no later than 90 days prior to departure. A clearance examination or a clearance update review may be arranged by telephoning the Health Unit at extension 2225. The Health Unit can also provide information to obtain appointments for clearance examinations to be performed at the Office of Medical Services Exam Clinic in Washington.

When the clearance process is completed your files will be copied and are to be picked up from the Health Unit and HAND CARRIED to your next post.

Reminders about when/Med will and won't pay

If overseas, outpatient charges are submitted to your insurance company. Med will pay for outpatient care when it follows an associated hospitalization.

Med will not pay for any treatment while on TDY, home leave, R&R in the United States.

Med will pay for medical evacuations outside of the US, if the person holds a valid medical clearance, regardless of leave status.

If hospitalized overseas Med will guarantee payment to the hospital and make that payment if the insurance is not accepted by the hospital. The Embassy pays the bill directly and is then reimbursed by your insurance company. Part of the checkout procedure ensures that all advanced monies are reimbursed to Med. MED does not pay for PRIVATE ROOMS. If private rooms are not covered in your insurance plan, this would be an out-of-pocket expense.

Adult dependents, including parents and children, from the day they reach age 21, even though they may be included on the employee's travel orders, are not eligible for the Department of State medical program benefits. It is strongly suggested that medical evacuation insurance be obtained for these persons. The Health Unit assures you that the cost of an evacuation is staggering and the insurance costs for this benefit are minimal. Information and applications for several different companies, which offer such coverage, are available in the Health Unit.

TRAVAX

The Office of Medical Services provides a Travel Medicine Information Website specific for US Department of State and Foreign Service employees and their family members.

This website provides continuously updated:

1. Country specific recommendations on immunization and prophylaxis
2. General Health and safety measures for overseas travel
3. All available and current Post Health and Medical Information Guides
4. Links to various other information websites used by Department of State health care providers

This site is accessible through the Office of Medical Services intranet site. Click on Immunization and Travel Advice and then click the Med/Travax icon to connect and explore.

Access is also provided for family members and other participants in the Department of State Medical Program outside the State Department intranet via www.travax.com with the username: statedept and password: 4re\$ted.

The information on this website is provided and specifically intended for use for official travel of US government employees and their dependents participating in the US Department of State Medical Program in conjunction with consultation with a health care provider. It is not designed nor intended as advice for individuals or entities not included in this program. Further, the information contained on these web pages is not intended and should not be construed as US Department of State guidance to the general public.

This information is continuously updated and provided through a special agreement between Shoreland, Inc. and the Office of Medical Services, US Department of State.

HEALTH UNIT PROGRAMS

Orientation Program

New arrivals at Post receive an individual health orientation from the medical staff of the Health Unit on Wednesdays from 10:30 to 11:30 AM. Employees are encouraged to attend this orientation soon after arriving in country. Please make an appointment with the Health Unit for the entire family and bring with you the following:

- 1) Your WHO Immunization cards
- 2) All medical records (they are now hand carried by you from post to post).
- 3) Your medical clearance

During your briefing you will find out about Health Unit Services, health hazards and ways to stay healthy. We will review outpatient, emergency and hospitalization procedures, as well as answer any questions regarding the State Medical Plan and local facilities. Your immunizations will be reviewed and vaccinations will be updated, if appropriate.

Health Education Program

The Health Unit has access to a large selection of patient education materials on subjects such as Diet and Nutrition, Alcoholism, Diabetes Hypertension, Smoking Cessation, First Aid, and Growing Up in the Foreign Service.

The Health Unit regularly publishes articles and offers advice on healthy living in the embassy newsletter, the Brussels Weekly. The information is also available on the Health Unit website.

First Aid and AED/CPR courses are offered monthly. Please call the Health Unit at EXT 2225 for the schedule. Other classes are being created to suit the needs of the community. The Health Education classes are advertised in the Brussels Weekly and on the Health Unit website.

Laboratory Program

Laboratory Blood Samples for adults are completed in the Health Unit every Thursday, by appointment, from 8:30 to 9:30 a.m. If your private physician has requested the labs, you must present the lab slip to the Health Unit at least 24 hour prior to your scheduled appointment, so that the lab tubes can be prepared. Any laboratory not required for your medical clearance will be billed to you at your home address.

Please inquire with the Health Unit if you need to be fasting prior to your lab draw. If so, be sure to drink lots of water.

Prescription Program

The Health Unit does not stock medication to treat acute or chronic illness. All mission personnel are reminded that they are responsible for providing the medications needed for acute and chronic medical conditions. This applies to prescription and non-prescription (over the counter) medications.

Prescriptions sent to a U.S. Pharmacy or Mail Order Pharmacy must be written by a U.S. licensed M.D. or Nurse Practitioner. The Health Unit Foreign Service Health Practitioner is licensed to prescribe in the U. S.

The FSHP will order prescriptions from your US mail order prescription plan when written by your local medical provider, but the FSHP cannot initiate new prescriptions. Please ask the physician who writes your local prescription to PRINT the name of the drug, dosage and amount clearly, otherwise you must contact the physician for clarification, which can delay the process.

In order to process local and mail order prescriptions the Health Unit will need you to complete the Patient Medical Information Sheet for Prescription Renewal for delivery of prescriptions to post and local purchase. Prescriptions and refills must be current within the past year.

For ongoing prescriptions, please place your order EARLY and/or renew your prescription well in advance of taking your last pill. Mail order prescriptions can take up to 30 days to receive and it is sometimes difficult to anticipate possible delays in delivery.

If an individual does not have mail order prescription services in conjunction with their insurance plan or chooses not to use such an existing service, a reliable supplier who will return the order with a bill and without prepayment is:

CVS Pharmacy Worldwide Prescription Mail Service
CVS Pharmacy #1358
2125 E Street, NW
Washington, DC 20037-2988

Phone 202 338 6337
FAX: 202 625-6621
E-mail: store1358@CVS.com
Contact person: Mr. Man Nguyen

INSTRUCTIONS

- Send original prescription
- Refills may be ordered by mail/ fax/ phone

Include in your order:

- Full name of patient
- Date of Birth
- Mailing Address
- Home Phone number
- E-mail address
- Insurance Information (copy of front and back of the prescription insurance card)
- Payment method for mail order service fee
(Credit Card : Card No, Exp Date (Amex, Discover, Master Card, Visa)
- Medical Insurance information for the pharmacy to bill the insurance company for the prescription

PRESCRIPTIONS FAX FOLLOW UP FOR MAIL-IN PHARMACIES

▪ MEDCO HEALTH FAX OVERSEAS PRESCRIPTION PROCESS

Currently Medco Health Pharmacy Services provide coverage for BCBS, FSPA/Coventry, GEHA, APWU, and SAMBA insurance carriers.

Patients need to follow up within four days of fax prescription orders to Medco pharmaceutical services to verify that Medco has received the prescription request. There is currently no other method to insure your prescriptions have been received and processed. Refills of medications may be ordered through Member Services or on the website.

You may contact Medco prescription services through:

- Call Member Services at 1-800-211-1456 and follow the voice instructions.
- Go to the Medco internet site www.medcohealth.com and register on the site. This will enable you to track your medications electronically. This is often the faster and more efficient method to order refill prescriptions and track you medications than the phone-in services. ***While you are on the site you have the option of selecting the Drug Information Section for a patient information sheet on your particular medication, listing all the side effects and other drug interaction.

If there is no record of your medication order or no refills remain, contact your health care provider for assistance in “refaxing” the prescription to Medco or directions for obtaining a new prescription.

▪ CAREMARK OVERSEAS PRESCRIPTION PROCESS FOR MHBP

Currently Caremark, San Antonio (1-800-378-5697), is the mail-in pharmacy for MHBP.

Caremark emails all providers a confirmation of a prescription request, and the provider will forward this email to the patient advising that the prescription request has been received. If there are any discrepancies regarding the prescription a Caremark representative will contact the provider by email.

Patients may check the status of a medication or request refills by contacting:

- The Caremark website at www.caremark.com

▪ EXPRESS SCRIPTS OVERSEAS PRESCRIPTION PROCESS FOR ASSOCIATION BENEFIT PLAN-COVENTRY

We strongly recommend that you contact Express Scripts after the Health Unit faxes your prescription to verify that it is being processed. Please wait four business days for any prescription. There is currently no other way to be sure that your prescription has been received and there are occasional transmission failures.

You have two choices:

1. Call Member Services at 1-800-752-0598 and follow the instructions. This will allow you to access Express Scripts for Association Benefit Plan-Coventry.
2. Go to Express Scripts Internet site www.express-scripts.com and register on the site and you will be able to track your order electronically. This is often faster and more convenient than trying to call the customer service number.
3. If there is no record of your prescription having been received, please notify the Health Unit so that the fax can be sent again. The Health Unit will also try to contact Express Scripts on your behalf to research the problem.

If you have moved to a new address since your last prescription, please go to the website www.express-scripts.com and make sure you have done an address change or you run the risk of having the new address missed on your prescription and having it sent to your old address.

IMMUNIZATION PROGRAM

Immunizations are an important part of the employees' assignment preparation. It is essential that employees and dependents follow the local health unit's recommendations on immunizations. Immediately after arrival, employees and dependents are encouraged to bring their yellow international immunization record to the health unit to make sure immunizations needed for post are up to date. The Health Unit will also provide immunizations in conjunction with travel.

Childhood Immunizations

Children traveling and residing overseas are often at increased risk of exposure to contagious pediatric diseases that are more common outside of the U.S. Immunization recommendations for children should be followed closely because of these risks. The recommended schedule of immunizations for normal infants and children can be found on the Centers for Disease Control website at <http://www.cdc.gov/nip/acip/>

Influenza

Influenza is a very contagious virus, which spreads from the nose or throat of an infected person. It is characterized by fever, chills, sore throat, cough, and muscle aches. Complications arising from infection can be life threatening. Influenza viruses are constantly changing. Therefore, influenza vaccines are updated every year and annual vaccination is recommended for those 6 months of age and older, but especially for those with additional chronic health conditions. The best time for influenza vaccine is in October or November and it takes at least 2 weeks for protection to develop.

Tetanus, Diphtheria, Pertussis (Tdap)

Tetanus, diphtheria, and pertussis are all caused by bacteria. Diphtheria and pertussis are spread from person to person. Tetanus enters the body through cuts or wounds. The new vaccine Tdap was licensed in 2005 and protects against all three diseases. The Advisory Committee on Immunization Practices (ACIP) recommends adolescents 11-18 years of age receive a single dose of Tdap instead of the older Td vaccine, provided they have completed their recommended pediatric immunization series. Adults should also receive the Tdap for their next booster at the standard every-10-year dosing point.

Meningitis Vaccine

Meningococcal meningitis is a severe bacterial infection which enters the body through the respiratory system and then infects the fluid surrounding the brain and spinal cord. Meningococcal disease also causes blood infections. Vaccination with the meningococcal meningitis vaccine is indicated for all children at their routine preadolescent visit (11-12 years of age). For those who have never gotten it previously, a dose is recommended at high school entry. It is also recommended for travelers, traveling to, or living in, a part of the world where meningococcal disease is endemic. The immunization is a single dose. Booster doses may be recommended. This vaccine is recommended for Belgium.

Hepatitis B Vaccine

Hepatitis B is a virus that is spread through contact with the blood and/or body fluids of an infected person. Infection with Hepatitis B can lead to liver damage, liver cancer and death. Hepatitis B immunization is recommended for everyone 18 years of age and younger, adults over 18 who are at risk and all persons serving overseas. Children in the U.S. typically now receive immunization to Hepatitis B as part of their infant immunizations. Hepatitis B prophylaxis is offered to employees and dependents and can be given at any age. The series consists of 3 doses.

Hepatitis A Vaccine

Hepatitis A is a serious viral infection transmitted by close personal contact with someone infected with Hepatitis A or by eating food or drinking water contaminated with Hepatitis A virus. Hepatitis A is recommended for persons 1 year of age and older traveling to or working in countries with high or intermediate prevalence of Hepatitis A, such as those located in Central or South America, the Caribbean, Mexico, Asia, Africa and eastern Europe. It may also be recommended in communities where outbreaks of Hepatitis A are occurring. The series consists of two doses 6 months apart.

Typhoid Vaccine

Typhoid fever is a serious disease caused by the bacteria *Salmonella Typhi*. Generally people get typhoid from contaminated food or water. Routine typhoid vaccination is not recommended in the United States, but is recommended for travelers to parts of the world where typhoid is common or those who will have prolonged exposure to potentially contaminated food and water. Since there is only an estimated 70% protective rate with this vaccine, those vaccinated should still use care in selecting food and water.

Yellow Fever Vaccination

Yellow fever is a virus that is spread through the bite of an infected mosquito. Yellow fever vaccination is required for those traveling or living in areas of South America and Africa where yellow fever infection is reported. Many of these countries will require an International Certification of Vaccination to be completed, signed, and validated by a certified immunization center and will not allow entry without it. Vaccination is valid for 10 years. Children, as a rule, can begin immunization at 9 months of age. Pregnant women and those with severe allergy to eggs should avoid vaccination. In Brussels, Yellow Fever Immunization can only be obtained through the Ministry of Foreign Affairs 02/501-3521.

Rabies Vaccine

Rabies human diploid cell vaccine (HDCV) is recommended for pre-exposure use by personnel posted in regions where there is an increased risk of being bitten by a rabid animal. This vaccine may be administered to all ages, but is more likely to be needed after 1 year of age. Children are more likely to be bitten by a stray animal and less likely to tell anyone. When bitten by a potentially rabid animal, even those persons who have received pre-exposure rabies immunization need evaluation for post-exposure immunization (2 of the same injections) and should contact the Health Unit as soon as possible after the bite. All animal bites should be cleaned with soap and water to reduce the risk of rabies and other infections. Brussels is considered rabies-free by the WHO criteria. The Health Unit in Brussels does not routinely carry this vaccine but will special order it for you upon advanced request.

ENVIRONMENTAL HAZARDS & PRECAUTIONS

Stress

While most persons adapt and adjust to the various events of overseas and existence (geographic relocations, responses to new cultures and the challenges of parenting), a few find that their coping methods may be overwhelmed to the point of requiring some therapeutic intervention. Temporary indications that one may be experiencing undue stresses are:

- 1) Feelings of anxiety, worry, guilt or nervousness
- 2) Increased anger and frustration
- 3) Moodiness
- 4) Depression
- 5) Increased and decreased appetite
- 6) Racing thoughts
- 7) Nightmares
- 8) Problems concentrating
- 9) Trouble learning new information
- 10) Forgetfulness
- 11) Increased frustration and irritability
- 12) Overreaction to small things

When stress does occur, it is important to recognize and deal with it by either developing a change in physical activities (exercise), relaxation techniques or seeking avenues for sharing one's stress - perhaps with the nurse practitioner, RMO, or by seeking professional help from a mental health counselor.

Culture Shock

Many people assigned overseas are surprised and dismayed to discover that the effects of cultural differences can result in feelings of disorientation that range from subtle symptoms to more alarming levels of reaction. These responses may be evident in employees and their dependents regardless of the number of previous overseas tours and despite their obvious positive anticipation for working and living in a foreign country. Symptoms include:

- 1) Vague feelings of being lost in a strange environment
- 2) Feelings of frustration and anxiety within six months after arrival
- 3) Feelings of overwhelming need to isolate oneself from the environment or setting of assignment
- 4) Experiencing feelings of hostility and aggressiveness towards the host country and its culture
- 5) Rejection of host country's cultural values, beliefs and assumptions while comparing them unfavorably to that of the American way of life.

Many of these vague feelings or responses are a normal reaction to a new and different way of life and working situation. These feelings may temporarily interfere with one's development of a more healthy perspective. Often people are encouraged to participate in cross cultural orientation programs specifically focused in adjustment for that particular assignment.

Depression

Individuals may manifest transient responses to the adjustments of living and working in a foreign environment or to real external losses by "feeling blue" or "down in the dumps". However, it is necessary to recognize those situations in which a more serious condition occurs called clinical depression.

People who have major clinical depressive disorders have a number of symptoms nearly everyday, all day, for at least 2 weeks or more. The symptoms associated with this condition always include at least one of the following:

- Loss of interest in things they used to enjoy.
- Feeling sad, blue or down in the dumps.

They will also have at least THREE of the following symptoms:

- Feeling slowed down or restless and unable to sit still.
- Feeling worthless or guilty.
- Increase or decrease in appetite or weight.
- Thoughts of death or suicide.
- Problems concentrating, thinking, remembering or making decisions.
- Trouble sleeping or sleeping too much.
- Loss of energy or feeling tired all of the time.

With depression, there are often other physical or psychological symptoms, including:

- | | |
|-------------------------|-----------------------------------|
| - Headaches | - Feeling pessimistic or hopeless |
| - Other aches and pains | - Being anxious or worried |
| - Digestive problem | - Sexual problems |

Too often the symptoms of depression are not recognized as such and this often delays referral to the treatments that are available. Depression is treatable and successful intervention can save lives. Contact the Health Unit to recommend a mental health specialist to do the initial assessment and determine the appropriate treatment approach.

Smoking and Tobacco Use

Nearly everyone knows that tobacco smoke not only affects the smoker, but also those exposed to the smoke. Banning of tobacco smoke from buildings was stimulated by studies, which showed that passive exposure, or “bystander” exposure to tobacco smoke is related to a number of health effects. Children living in a house with smokers are known to have more respiratory problems than when tobacco smoke is absent. Smoking is an addiction, yet there are effective methods to stop. Often smokers are not successful in their initial attempt to quit. The health unit can assist anyone interested in quitting. Since smoking generally begins during adolescence, parents should reinforce the message not to begin smoking and to encourage their children to quit if they have already started to smoke.

Good news: Belgian restaurants are mandated to be smoke-free.

Jet Lag

Whether or not the travel is for business or pleasure, jet lag can make anyone feel out of sorts. Headache, tiredness during the day, or insomnia at night from jet lag can be especially bothersome to those with busy schedules, which cannot afford a day or two of rest following a long distance trip. Generally, travel from west to east produces more symptoms of jet lag than the same time zone change when traveling the opposite direction.

In order to lessen jetlag, many experts recommend that the traveler adopt the new local hours for sleeping and for being awake before arriving at the new location. Shifting one’s schedule by an hour or so at least several days before traveling can facilitate this. The correct timing of meals might also be useful, although a much-touted anti-jet lag diet has not been fully evaluated. Dehydration, which can be worsened by consuming alcoholic beverages, is a common problem after a long plane ride. One should avoid all alcoholic beverages and consume more than the usual amount of other beverages, such as juices and water. Many experts recommend avoiding caffeinated beverages, whereas there are some that feel caffeine may help to adapt to the new time zone when taken at the correct time. Dehydration can also cause constipation, so a diet rich in fiber may help avoid this as well.

The use of Melatonin, although not well studied, appears to have no harmful effects. It is excellent for adjusting your body to the new clock. Take 3mg of Melatonin at bedtime on the day of flying. Take 3mg every night for 3 nights at bedtime. It works by increasing Melatonin level in your body, which induces sleep. After 3 nights of good sleep your body will do the rest.

To prevent tired or sore muscles, a number of stretching exercises can be performed while sitting or standing in the plane. In addition, exercise is a way to stimulate metabolism and mental alertness. The use of sleeping pills (or alcohol for a similar effect) should be avoided. These can often cause prolonged effects that may decrease concentration, memory, and affect other areas of performance, which are important, especially if one has to work shortly after arrival. You should choose an aisle seat and try to walk around every half hour. This can prevent a blood clot in your calf, which is an increasing problem with long flights.

Traffic Accidents/Seat Belt Use

Motor vehicle accidents are one of the highest causes of death in Foreign Service personnel overseas. In many overseas locations, emergency medical care is not readily available or even non-existent. ***Wearing seatbelts is a must!*** Seatbelts and child safety seats provide the single greatest margin of safety in an accident. When traveling in official government cars, the use of safety belts is required by 6 FAM 617.4(c).

Recommendations for Food Decontamination

Fruit and vegetables may be contaminated with disease causing bacteria, viruses, or parasites. In addition, many of these items may have been recently treated with pesticides. If present, exposure to these agents can be decreased by first scrubbing all produce with a brush and washing with tap water to remove all visible dirt. Disinfection is not mandatory anywhere in Europe.

Recommendations for Water Treatment

Water in Belgium is thoroughly treated and may be drunk from the tap. Do not drink Belgian commercial distilled water. It is non-potable.

Fluoride and Oral Health

Widespread use of fluoride has been a major factor in the decline of dental caries in the United States. The best way to reduce dental caries is through frequent exposure to small amounts of fluoride. In the United States, this is accomplished primarily through the ingestion of fluoridated drinking water. Other sources of fluoride include food or drinks reconstituted with fluoridated water, toothpaste, gels, rinses, and fluoride supplements. Employees and their family members stationed overseas do not have the advantage of uniform access to fluoridated water in the communities where they live. Therefore, fluoride supplementation is often recommended, from age 6 months through age 16 years (especially prior to the age of 6 years) when teeth are forming. However, the advantages of fluoride supplementation must be tempered with the dangers of dental fluorosis (discoloration and/or enamel degradation due to excess fluoride supplementation). The tap water at post is deficient in fluoride, with less than 0.3 parts per million. Parents should consider all consistent sources of fluoride before making a decision for fluoride supplementation. Daily fluoride supplements are available from the health unit. Remember to visit your dentist annually for cleaning. Dosage for Brussels is as follows:

<u>Age</u>	<u>Under 0.3ppm</u>
0 – 5 Mo	None
6 Mo – 3 yr	0.25 mg/day
3 yr – 6 yr	0.50 mg/day
6 yr – 16 yr	1.00 mg/day

Proper Nutrition

Over consumption of fat and calories is a big problem for many in the Foreign Service. In addition, many individuals consume too much alcohol or sodium, and may not be consuming enough fiber, calcium, iron, or folic acid. Current nutritional guidance is to eat a variety of foods, maintain a healthy weight, limit fat to less than 30% of total calories (with saturated fats limited to less than 10% of total calories), eat at least five servings a day of vegetables, fruits, and grain products, moderate use of salt, sodium, sugar, and alcohol. Women have special dietary needs, such as folic acid during pregnancy, as well as calcium to build optimal bone mass and prevent osteoporosis. Women are also more likely to be iron deficient due to increased losses from menstruation. Individuals with elevated cholesterol levels above 200 milligrams per deciliter, may need to be on special cholesterol lowering diets. Special diets are also recommended for overweight and diabetic individuals.

Adequate Exercise

Nearly every person at post can exercise. What is most important is to find a form of exercise that one can enjoy and will be able to maintain. Physical inactivity has been shown to be one of the biggest risk factors for heart attacks, perhaps even a greater risk than smoking. Children who are physically inactive tend to remain inactive throughout their life. Unless there is a medical reason not to exercise, you should pursue some form of physical activity a minimum of three days a week for twenty minutes at a time. Even moderate exercise has shown to have a benefit in reducing heart attack risk, so one should forget the dictum “no pain, no gain”. Exercising can be fun.

HIV/AIDS

It has been more than 20 years since AIDS was first described in the gay communities of LA, San Francisco and New York. On the positive side, an incredible amount has been learned about the disease, its cause, its prognosis and more recently, its treatment. On the negative side, the disease has reached pandemic proportions and has expanded into the heterosexual population such that there are now more than 40 million humans carrying the virus and several million dying of HIV/AIDS each year. The great majority of infections and deaths occur in the least developed nations of the world, especially in Sub-Saharan Africa.

The US Foreign Service is by no means immune to the ravages of HIV. In spite of the high level of education and sophistication of our employees, both American and Foreign Service nationals, we see new infections and deaths every year. As a result, the Department and its far-flung missions have devoted significant time and resources to the epidemic to lessen its devastating role on the well being of our people.

HIV/AIDS in the Workplace: In 2001, the Department issued a workplace policy for all missions, regardless of the prevalence of the disease in specific sites. The policy addresses several aspects of the problem.

Among them are:

- No Locally Engaged Staff employee or candidate for employment is to be tested for HIV as a part of the requirements for work – American applicants for Foreign Service positions are still tested to insure that all are worldwide available.
- Locally Engaged Employees are encouraged to know their own HIV status through voluntary counseling and testing but there is no obligation to share that information with the Embassy. Strict confidentiality will be observed when information is shared. All attempts will be made to lessen the stigma that is part of HIV/AIDS.
- Missions are encouraged to insure that their employees are educated as to the nature of the disease and its means of prevention. Condoms are to be made available confidentially and free of charge.

Hotlines

There are many 24 hour/365 day sources of information on HIV/AIDS, both in the US and elsewhere. Perhaps the two best known ones are:

- 1. Center for Disease Control and Prevention (CDC) – 800-342-AIDS**
- 2. University of California, San Francisco, for PEP questions – 888-HIV-4911**

Your Health Unit Staff is always ready, willing, and able to help. If they don't have the answers you need, they will get them for you. And, they guarantee that whatever you tell them will be held in the strictest confidentiality.